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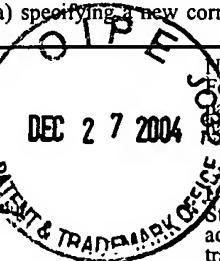
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26092 7590 09/21/2004

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12/28/2004 SSITHIB2 00000062 10708283

01 FC:2501 700.00 OP  
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|              |  |                    |
|--------------|--|--------------------|
| KYLE W. ROST |  | (Depositor's name) |
|              |  | (Signature)        |
| DEC 20 2004  |  | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/708,283      | 02/22/2004  | Nathan Humphreys     | H 0115              | 2282             |

TITLE OF INVENTION: GHILLIE SUIT

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$665 100 | \$300           | \$965 1000       | 12/21/2004 |

| EXAMINER       | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| HALE, GLORIA M | 3765     | 002-069000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 KYLE W. ROST

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0788 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Kyle W. Rost

Date DEC. 20 2004

Typed or printed name KYLE W. ROST

Registration No. 27,943

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